EMILY DICKINSON PTSA
supporting, enriching, advocating

Dickinson/Explorer Theater

Emergency Contact Form

Student Name (Printed) _____

Grade _____ Teacher _____

Parent / Guardian Name (Printed) _____

Parent / Guardian Phone _____

Parent / Guardian Email _____

Parent / Guardian Name (Printed) _____

Parent / Guardian Phone _____

Parent / Guardian Email _____

Person(s) authorized to pick up your student (other than parents):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent / Guardian Signature _____ Date _____